

Consumer Complaint And Request for Investigation

Idaho Transportation Department
 Vehicle Services
 Box 7129 Boise, ID 83707-1129
 Telephone (208) 334-8663



Complaint Number _____

The Division of Motor vehicles cannot act as your private lawyer or give legal advice. You may therefore wish to consult with a private attorney to determine your rights and remedies.

Return Completed Form to the Motor Vehicle Investigator**Person Filing Complaint**

| | | |
|----------------|-------|----------------------|
| Name | | Daytime Phone Number |
| Street Address | | Home Phone Number |
| City | State | Zip Code |
| E-Mail Address | | |

Dealer

| | | |
|--|---------------|--------------|
| Dealership Name | Dealer Number | Phone Number |
| Street Address | City | Zip Code |
| Did you complain to the above business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date: _____ |
| Name of person to whom you complained: | | |

Vehicle Involved

| | | | | |
|---------------|------|----------------------|-------|-------------------------------|
| Year | Make | License Plate Number | State | Vehicle Identification Number |
| Sale Location | | | | |
| Salesperson | | | | Sale Date |

Explanation of Complainant

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|--|
| Describe what happened. Attach Copies of Relevant Documents (such as the contract, purchase order, warranty, odometer disclosure, receipt, canceled check, photographs, etc.) |
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I believe a violation of law has occurred. I wish to file a complaint against the business or person named above.

| | |
|--------------------------|------|
| Signature of Complainant | Date |
|--------------------------|------|

ITD Use Only

| | |
|--------------|---------------|
| MVI Assigned | Date Received |
|--------------|---------------|